



shawnee
baptist church

SBC Youth Conference Delegate Registration Form

Shawnee Baptist Church | 2214 Bank Street | Louisville, KY 40212 | 502.775.8431 | Email: brenda@sbcyc.com | sbcyc.com

Name _____ Male Female
Last First Middle

Address _____ Date of Birth _____
Month Day Year

City _____ State _____ Zip _____ Class of: 2 0

Phone _____ Email _____
Area Code & Number

Parent's Name & Address (if different than above) _____

Church _____ Pastor _____

** I agree to abide by ALL conference rules & dress code. I will be 'willing' and cooperative in all areas. I understand violation to comply may result in dismissal from the conference.

Delegate/ Counselor Signature _____

Medical Form

PARENTS & COUNSELORS: all information must be accurately filled in to complete registration.

Any medical allergies? (penicillin, etc) _____

Food allergies? _____ Skin diseases? _____

Any other pertinent information regarding: Heart _____

Lungs _____ Throat _____ Ears _____

Other _____ Date of last tetanus shot _____

Insurance company _____ ID Number _____

Insurance company's address _____

In case of accident or other emergency, I hereby grant my permission to have the Shawnee Baptist Church staff authorize medical attention by a physician or hospitalization of delegate as necessary. I do not hold Shawnee Baptist Church or any staff responsible for any accident or injury that should occur. (The Shawnee Baptist Church staff will notify you immediately of any such occurrence.)

Parent / Guardian's Signature _____
Signed Printed Dated